

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. COURT DIV. DIV. CODE	2. PERSON REPRESENTED ILLICH A. HALL		3. VOUCHER NUMBER	
7. MAG. DKT. DEF. NUMBER 13-2520	4. DIS. DKT. DEF. NUMBER	5. APPEAL DKT. DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE MATTER OF (Cite Name) US v. ILLICH A. HALL	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE <i>See Instructions</i> CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense 18: 1029(b)(2) & 3146(a)(2) - FAILURE TO SURRENDER				
12. ATTORNEY'S NAME (First Name, M.I. Last Name including any suffix) AND MAILING ADDRESS <i>Michael A. Armstrong 79 Mainbridge Avenue Willingboro, NJ 08046</i> Telephone Number <u>609-877-5511</u>		13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> Subs For Federal Defender <input type="checkbox"/> Subs For Panel Attorney Prior Attorney's _____ Appointment Date _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR <input type="checkbox"/> Other <i>See Instructions</i> <u>Sequest.</u> Signature of Presiding Judicial Officer or By Order of the Court <u>Sequest.</u> Date of Order <u>10/15/2013</u> Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instruction) <i>Michael A. Armstrong 79 Mainbridge Avenue Willingboro, NJ 08046</i>			15. CLAIM FOR SERVICES AND EXPENSES	
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED
15. <input type="checkbox"/> a. Arraignment and/or Plea <input type="checkbox"/> b. Bail and Detention Hearings <input type="checkbox"/> c. Motion Hearings <input type="checkbox"/> d. Trial <input type="checkbox"/> e. Sentencing Hearings <input type="checkbox"/> f. Revocation Hearings <input type="checkbox"/> g. Appeals Court <input type="checkbox"/> h. Other (Specify on additional sheets)			MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT
(RATE PER HOUR = \$ <u>5</u>) TOTALS:			ADDITIONAL REVIEW	
16. <input type="checkbox"/> a. Interviews and Conference <input type="checkbox"/> b. Obtaining and reviewing records <input type="checkbox"/> c. Legal research and brief writing <input type="checkbox"/> d. Travel time <input type="checkbox"/> e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$ <u>5</u>) TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc.)				
GRAND TOTALS (CLAIMED AND ADJUSTED):				
19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			<input type="checkbox"/> Supplemental Payment	
Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO I swear or affirm the truth or correctness of the above statements.				
Signature of Attorney _____ Date _____				
APPROVED FOR PAYMENT -- COURT USE ONLY				
23. IN COURT COMP	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT APPR. CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved <i>in excess of the statutory threshold amount</i>			DATE	34a. JUDGE CODE